



Balcones Heights Police Department

3300 Hillcrest Drive, Balcones Heights, Tx. 78201

210-735-6244 Phone / 210-735-4954 Fax

Case #: _____

Criminal Complaint Packet

Before the filing of Formal Criminal Charges, complete and accurate information is necessary. The attached Criminal Complaint and Witness Statement Forms are to provide an accurate assessment of this case. The information contained therein is the minimum required for an indictment by the Bexar County Grand Jury. More information may be required. **NOTE: The Complainant or Witness Information Form must be attached for each witness that can offer relevant testimony in this matter.** For more copies, photocopy any of the attached documents as required.

IMPORTANT: Attach photocopies of all related contracts, invoices, reports, documents or any other paperwork that may have a bearing on this matter. Include copies of any video evidence with your packet.

Take your time in completing the Criminal Complaint Form(s) in a chronological manner, as accuracy, completeness and legibility are far more important than speed. PLEASE TYPE.

As you can see, Criminal Prosecution is a serious and time-consuming matter, demanding your full cooperation and patience. Once you have completed the attached forms, please send them to the Criminal Investigations Division of the Balcones Heights Police Department (address listed above). Upon arrival of the complaint package it will be reviewed.

Thank you,

Balcones Heights Police Department
Criminal Investigations Division



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Criminal Complaint Forms

This complaint package is provided to initiate an investigation into violations of the Laws of the State of Texas. We recommend that you consult with your own attorney to determine your legal rights and civil remedies in this matter prior to filing this complaint.

Instructions:

- Criminal Mischief cases require a positive identification of the suspect and written *third Party* damage estimates.
- The attached forms must be as complete and accurate as possible so that your case may be properly evaluated for criminal prosecution. Attachments become part of your report and must be signed where required. If your statement is authenticated by a Notary, you must sign the document at the time it is notarized.
- Any sections that are not applicable to your case must be noted with N/A.
- If more room is required to answer questions, please complete on additional paper. Attach the additional pages to this form and indicate that there are such pages in the appropriate blocks in the packet.
- Any additional witnesses that can offer relevant testimony must complete the attached witness forms and these forms must be attached to this Complaint prior to returning this packet.
- You may return the packet to Balcones Heights Police Department Criminal Investigations Division during normal working hours (Monday through Friday 8:00a.m. - 4:00p.m.) Upon return of the packet a Detective will review for completeness and be available for consultation. For your convenience, this packet may be mailed to: Balcones Heights Police Department, Criminal Investigations Division; 3300 Hillcrest Dr. Balcones Heights, TX 78201
- These forms may be examined by the Bexar County Grand Jury and/or the Bexar County District Attorney's Office. They should be neat, understandable, accurate in detail, and in a chronological order of events. Be sure to include all dates, times, places, evidence, and individuals involved. (Who, What, When, Where, Why and How).



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Non-Consent Affidavit Form

THE STATE OF TEXAS

COUNTY OF BEXAR

BEFORE ME, THE undersigned authority on this day personally appeared _____, and did state that on the _____ day of _____, AD _____ declarant had legal care, custody, and control of and/or did own or occupy: (Property Description): _____

☐ BURGLARY

Above premises were entered/attempted to be entered by person (s) without my effective consent. Corporeal personal property in the premises in my possession and belonging to me, was wrongfully taken/attempted to be taken without my consent and/or a Felony or Assault was committed. I desire to prosecute the person (s) responsible for the entry/attempted entry, and for any theft, attempted theft, felony, and/or any assault that may have occurred.

☐ BURGLARY OF A VEHICLE

The above listed vehicle was unlawfully entered without my permission or consent. I wish to prosecute the party/parties involved for the offense of Burglary of a Vehicle.

☐ BURGLARY OF A COIN OPERATED MACHINE

Above coin operated/coin collection machine was unlawfully entered/broken into without the effective consent of the owner for the purpose of obtaining property or services. I wish to prosecute the party or parties responsible for this offense.

☐ THEFT

Corporeal real property was wrongfully taken without the consent of the declarant. I desire to prosecute the party or parties responsible for the unlawful taking of the above-mentioned property.

☐ THEFT OF SERVICE

Above listed service/s were unlawfully appropriated/secured in violation of sec. 31.04 of the Texas Penal Code. I desire to prosecute the party or parties responsible for this offense.

☐ CRIMINAL MISCHIEF

The aforementioned tangible property was wrongfully damaged/destroyed without my consent. The amount of pecuniary loss was _____. I desire to prosecute the party or parties responsible for the unlawful damage and/or destruction of the above-mentioned tangible property.

☐ CRIMINAL TRESPASS

The above premises were entered by person (s) without my effective consent. I desire to prosecute the party or parties responsible for the unlawful entry onto my property after being lawfully advised not to come onto this property.

Investigator Criminal Investigations Division
Balcones Heights Police Department

Signature of Affiant

Title (Owner, Manager, etc...)



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Complainant/Witness Information Form

1.

Full Name of the Complaining Person _____ Title _____

Company Name and Full Address (including ZIP Code) _____

Home Address (including ZIP Code) _____

Business Phone Number _____ Fax Phone _____ Home Phone _____ Email Address _____

Sex _____ Race _____ Date of Birth _____ Drivers License No. _____ Social Security No. _____

2.

Full Name of the Complaining Person _____ Title _____

Company Name and Full Address (including ZIP Code) _____

Home Address (including ZIP Code) _____

Business Phone Number _____ Fax Phone _____ Home Phone _____ Email Address _____

Sex _____ Race _____ Date of Birth _____ Drivers License No. _____ Social Security No. _____

3.

Full Name of the Complaining Person _____ Title _____

Company Name and Full Address (including ZIP Code) _____

Home Address (including ZIP Code) _____

Business Phone Number _____ Fax Phone _____ Home Phone _____ Email Address _____

Sex _____ Race _____ Date of Birth _____ Drivers License No. _____ Social Security No. _____

☐ Check here if there are additional witnesses.

If there is more than 3 witnesses photocopy this page and include the additional page immediately after this page in the packet.



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Case #: _____

Suspect(s) Information Form

1.

Full Name of Suspect Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Driver's License No. State Social Security No. Other

2.

Full Name of Suspect Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Driver's License No. State Social Security No. Other

3.

Full Name of Suspect Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Driver's License No. State Social Security No. Other

☐ Check here if there are additional suspects.

If there is more than 3 suspects photocopy this page and include the additional page immediately after this page in the packet.



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Case #: _____

Offense / Case Information Form

1. Date(s) and time(s) of offense: _____

2. Describe offense including location(s): _____

3. Property involved and value (list if stolen or value change): _____

4. When and under what circumstances did you meet the Defendant?: _____

5. Have you complained to the person or firm?:
☐ Yes Include any correspondence with return receipt attached.
☐ No Explain: _____

To whom did you complain: _____

What was their reply: _____

6. Have you contacted other agencies regarding this complaint? ☐ Yes ☐ No
If yes, list the names of the agencies, the person contacted, their phone numbers, and their reply:



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Statement Information Supplement

Note: This information is confidential and only for Balcones Heights Police Department and Bexar County District Attorney official records.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Race: _____ Sex: _____ Age: _____ DOB: _____

Place of Employment: _____

Business Address: _____

Job Title: _____

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

Name of Spouse if Applicable: _____

Nearest relative other than spouse:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____

Place of Employment: _____ Phone: _____